

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEETRANSMITTAL For FY 2008		Application Number	10/663,744-Conf. #2631
		Filing Date	September 17, 2003
		First Named Inventor	Luis HUAPAYA
		Examiner Name	K. D. Vu
		Art Unit	2173
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$ 130.00) Attorney Docket No. 5486-0243PLUS3	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50 25
Each independent claim over 3 (including Reissues)	210 105
Multiple dependent claims	370 185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
0 - 20 = 0	x 50.00	=	0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
0 - 3 = 0	x 210.00	=	0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/50 = _____ (round up to a whole number)	x _____	= _____

4. OTHER FEE(\$)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal disclaimer fee under 37 CFR 1.20(d)

130.00

SUBMITTED BY

Signature	 # 58,755	Registration No. (Attorney/Agent)	29,680	Telephone	(703) 205-8000
Name (Print/Type)	Michael K. Mutter			Date	March 24, 2008

AMENDMENT TRANSMITTAL LETTER				Docket No. 5486-0243PUS3
Application No. 10/683,744-Conf. #2631	Filing Date September 17, 2003	Examiner K. D. Vu	Art Unit 2173	
Applicant(s): Luis HUAPAYA				
Invention: MOUSE INPUT PANEL WINDOWS CLASS LIST				
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
Total Claims	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
10	- 20 =	0	x 50.00	0.00
Independent Claims	2 - 3 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Terminal disclaimer fee under 37 CFR 1.20(d) 130.00				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 130.00				
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 02-2448 in the amount of \$ 130.00 . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 Michael K. Mutter Attorney Reg. No.: 29,680			Dated: March 24, 2008	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000				